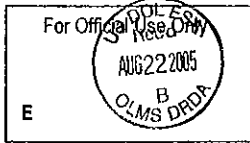


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>15099</u>	2. Fiscal Year Covered From: <u>1 / 1 / 04</u> Through: <u>12 / 31 / 04</u>
3. Name and address of person filing. Name <u>WILLIAM WOLDMAN</u> P.O. Box, Bldg., Room No., if any Street <u>1000 BURR RIDGE PARKWAY</u> City <u>BURR RIDGE</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>60527</u>	4. Name, file number, and address of labor organization. Name <u>TEAMSTERS LOCAL UNION NO. 731</u> Labor Organization File Number <u>011948</u> P.O. Box, Building and Room Number, if any Street <u>1000 BURR RIDGE PARKWAY</u> City <u>BURR RIDGE</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>60527</u>
5. Position in labor organization. <u>SECRETARY - TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <u>N/A</u> 7.b. Amount. <u>N/A</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

William Woldman

On

8/2/05

Date

630 887 4100

Telephone Number

Name of Person Filing WILLIAM WOLDMAN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> <p style="text-align: center;"><i>SEE ATTACHED</i></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p> <p style="text-align: center;"><i>SEE ATTACHED</i></p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> <p style="text-align: center;"><i>SEE ATTACHED</i></p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;"><i>SEE ATTACHED</i></p> <p>11.b. Approximate dollar value of such dealing. <i>SEE ATTACHED</i></p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;"><i>SEE ATTACHED</i></p> <p>12.b. Amount. <i>SEE ATTACHED</i></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> <p style="text-align: center;"><i>SEE ATTACHED</i></p>	<p>14.a. Nature of payment.</p> <p style="text-align: center;"><i>SEE ATTACHED</i></p>
<p>13.b. Is the Business an Employer or Consultant <i>SEE ATTACHED</i></p>	<p>14.b. Amount of payment. <i>SEE ATTACHED</i></p>

B.

8.(1) NATIONAL INVESTMENT SERVICE
737 N. MICHIGAN AVE. SUITE 1520
CHICAGO, IL. 60611

(2) BAUM SIGMUND & AUERBACH LTD
200 W. ADAMS STREET SUITE 2200
CHICAGO, IL. 60606

(3) DOWD BLOCH & BENNET
8 S. MICHIGAN AVE. 19th FLOOR
CHICAGO, IL 60603

(4) LEAHY & ASSOCIATES
THREE WESTBROOK CORP. CENTER SUITE 540
WESTCHESTER, IL. 60154

(5) SEGAL BRYANT & HAMILL
10 S WACKER DRIVE SUITE 2150
CHICAGO, IL. 60606

(6) LAMB, LITTLE INSURANCE
309 W. WASHINGTON
CHICAGO, IL. 60606

(7) CHALKLINES PRINTING
626 CLARK STREET 4th FLOOR
CHICAGO, IL. 60606

(8) INVESTMENT PERFORMANCE SERVICES
7402 HODGSON MEMORIAL DRIVE suite 100
SAVANNAH, GA 31406

9.(1) (B) (6)(A)
(2) (A & B) (7)(A & B)
(3) (A & B) (8)(A & B)
(4) (A & B)
(5) (B)

10. SEE ADDENDUM # 1 FOR CLARIFICATION.

(1) 1,2,3,4,5,6,7. (8)1,2,3,4,5,6,7,
(2) 1,2,8
(3) 1,2,3,4,5,6,7.8
(4) 1,2,3,4,5,6,7.8
(5) 2,6.
(6) 1,8
(7) 1,2,3,4,5,6,7,8

11.a.

(1) PROVIDER OF INVESTMENT SERVICES TO SEVEN TRUST FUNDS
(2) PROVIDER OF LEGAL COUNCIL TO FOUR TRUST FUNDS AND LOCAL UNION NO. 731
(3) PROVIDER OF LEGAL COUNCIL TO SEVEN TRUST FUNDS AND LOCAL UNION NO. 731
(4) PROVIDER OF INSURANCE POLICIES
(5) PROVIDER OF INVESTMENT SERVICES TO TWO TRUST FUNDS
(6) PROVIDER OF INSURANCE POLICIES (8)INVESTMENT CONSULTANT
(7) PROVIDER OF PRINTING SERVICES

11.b.

(1) 316,477
(2) 170,998
(3) 346,475
(4) 323,844
(5) 42,919
(6) 9563
(7) 76,828
(8) 116,305

12.a.

(1)

ONE DINNER CHARITY NIGHT AUTO SHOW 2/5/04, BIRTHDAY DINNER R. BROOKS 5/27/04
ONE TICKET TO NIS CUBS BASEBALL GAME 6/27/04.

(2)

ONE BOX STEAKS, ONE LUNCH AT WHICH LEGAL MATTERS WERE DISCUSSED

(3)

ONE HOLIDAY TIN OF POPCORN

(4)

ONE BOX STEAKS

(5)

ONE DINNER AT WHICH INVESTMENT RETURNS WERE DISCUSSED

(6)

ONE HOLIDAY TIN OF CHOCOLATE

(7)

ONE HOLIDAY BASKET

(8)

ONE DINER AT WHICH EXCAVATOR INVESTMENTS WERE DISCUSSED, ONE THANKSGIVING TURKEY

12.b.

(1) 350.00

(2) 77.00

(3) 28.00

(4) 200.00

(5) 46.00

(6) 50.00

(7) 75.00

(8) 239.00

C.

13.a.

HEALTH AND WELFARE FUND OF THE EXCAVATING, GRADING AND ASPHALT CRAFT LOCAL NO. 731
1000 BURR RIDGE PARKWAY, BURR RIDGE, IL. 60527

13.b.

EMPLOYER

14.a.

PAYROLL FOR MINOR CHILD

14.b.

1,924.00

13.a.

LOCAL 731 I.B. of T. EXCAVATORS AND PAVERS PENSION TRUST
1000 BURR RIDGE PARKWAY, BURR RIDGE, IL. 60527

13.b.

EMPLOYER

14.a.

REIMBURSED EXPENSES FOR AN EDUCATIONAL SEMINAR FOR TRUSTEES AS REQUIRED
UNDER ERISA.

14.b.

1,238.00

13.a.

JIM RIDGE & ASSOCIATES
101 N. WACKER DRIVE SUITE 200
CHICAGO, IL. 60606

13.b.

EMPLOYER

14.a.

HOLIDAY GIFT CERTIFICATE

14.b.

75.00

ADDENDUM # 1

- (1) HEALTH AND WELFARE FUND OF THE EXCAVATING, GRADING AND ASPHALT CRAFT LOCAL NO. 731
- (2) LOCAL 731 I.B. of T. EXCAVATORS AND PAVERS PENSION TRUST FUND
- (3) LOCAL NO. 731 I.B. of T. PRIVATE SCAVENGER HEALTH AND WELFARE FUND
- (4) LOCAL NO. 731 I.B. of T. GARAGE ATTENDANTS, LINEN AND LAUNDRY HEALTH AND WELFARE FUND
- (5) LOCAL 731 I.B. of T. PRIVATE SCAVENGER AND GARAGE ATTENDANTS PENSION TRUST FUND
- (6) LOCAL 731 I.B. of T. TEXTILE MAINTENANCE AND LAUNDRY CRAFT PENSION FUND
- (7) EMPLOYEES TRUST FUND of LOCAL 731 I.B. of T.

THE ABOVE LISTED FUNDS ARE LOCATED AT:

1000 BURR RIDGE PARKWAY
BURR RIDGE, IL 60527

- (8) TEAMSTERS LOCAL UNION NO. 731 affiliated with the I.B. of T.
1000 BURR RIDGE PARKWAY
BURR RIDGE, IL. 60527